

PLACE OF BIRTH

County of **Maricopa**

District of _____

Town of _____

or **Phoenix**

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. **360**

County Registrar No. _____

Local Registrar No. **961****1006 S.3rd.Ave**

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Otis Lathon Christopher, Jr.

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

yes7. Date
of birth**Aug. 13th**

Month day Year

1927

5. No. in order of birth

8. Full name

Otis Lathon Christopher

14. Full maiden name

Ollie May Hightower9. Residence
(Usual place of abode)**Phoenix**

If nonresident, give place and state

15. Residence
(Usual place of abode)**Phoenix**

If nonresident, give place and state

10. Color or race

Col

11. Age at last birthday

23

(Years)

16. Color or race

Col.

17. Age at last birthday

19

(Years)

12. Birthplace (city or place)

Tempsen

(State or country)

Texas

18. Birthplace (city or place)

Carthrage

(State or country)

Okla.

13. Occupation

Laborer

Nature of industry

19. Occupation

House wife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living
(b) Born alive but now dead
(c) Stillborn**1****0****0**21. Were precautions taken against op-
thalmia neonatorum?**yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

4/5

hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

m. on the date above stated.

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
a supplemental report

Signature

Phoenix

Address

(Physician or midwife)

Month, day, year.

Filed **8-23**, 19**27**

Local Registrar.

Registrar.

Filed _____, 19____

County Registrar.

639-813-689